

AD-A270 514

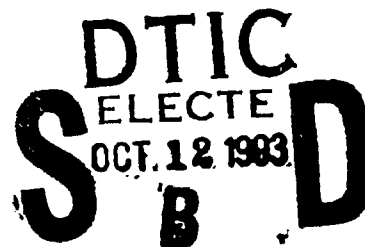
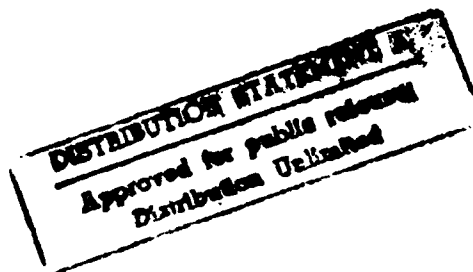


2

**MARKETING THE ACTIVE DUTY DEPENDENTS
DENTAL INSURANCE PLAN**

**Michael C. Chisick, Lieutenant Colonel, Dental Corps
Raymond Reckers, Staff Sergeant, U. S. Army
Jacqueline Mottern, Ph.D.**

**U. S. Army Institute of Dental Research
Walter Reed Army Medical Center
Washington, DC 20307-5300**



93-23803



5388

**USAIDR
Report #DE-9301
September 1993**

REPORT DOCUMENTATION PAGE

OMB No. 0704-0188

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0188), Washington, DC 20503

1. AGENCY USE ONLY (Leave blank)		2. REPORT DATE Sept. 1993		3. REPORT TYPE AND DATES COVERED FINAL	
4. TITLE AND SUBTITLE Marketing the Active Duty Dependents Dental Insurance Plan				5. FUNDING NUMBERS	
6. AUTHOR(S) Chisick, M.C.; Reckers, R.; and Mottern, J.					
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES) U.S. Army Institute of Dental Research Washington, D.C. 20307-5300				8. PERFORMING ORGANIZATION REPORT NUMBER	
9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES) U.S. Army Medical Research & Development Command Ft. Detrick, Frederick, MD 21702-5012				10. SPONSORING / MONITORING AGENCY REPORT NUMBER	
11. SUPPLEMENTARY NOTES					
12a. DISTRIBUTION / AVAILABILITY STATEMENT APPROVED FOR PUBLIC RELEASE: DISTRIBUTION UNLIMITED				12b. DISTRIBUTION CODE	
13. ABSTRACT (Maximum 200 words) This study explored the process by which soldiers evaluated enrolling their dependent family members in the Active Duty Dependents Dental Insurance Plan (ADDDIP) and the level of plan utilization. Completed self-administered questionnaires were returned by 3,705 officers and 13,555 enlisted personnel, giving a 56.5% and a 68.4% response rate, respectively. Results show that officers were more likely to consult their spouses regarding enrollment than enlisted personnel. Both groups were more likely to consult oral information sources over written ones, and both expressed a preference for consulting sources close to the provision of dental care over purely administrative sources. About three-fifths of both officers and enlisted personnel think ADDDIP enrollment should be renewed automatically. Officer families used the ADDDIP to a fuller extent than enlisted families. Roughly 40% of families enrolled in the ADDDIP have never used the plan. Best liked features of the ADDDIP include good cost value, access to care from a single dentist, and services covered are known in advance.					
14. SUBJECT TERMS military dependents, Active Duty Dependents Dental Insurance Plan, dental insurance, marketing				15. NUMBER OF PAGES 51	
				16. PRICE CODE	
17. SECURITY CLASSIFICATION OF REPORT UNCLASSIFIED	18. SECURITY CLASSIFICATION OF THIS PAGE UNCLASSIFIED	19. SECURITY CLASSIFICATION OF ABSTRACT UNCLASSIFIED	20. LIMITATION OF ABSTRACT UL		

Marketing the Active Duty
Dependents Dental Insurance Plan

Michael C. Chisick, LTC, DC

Raymond Reckers, SSG

Epidemiology Section

U.S. Army Institute of Dental Research

Ft. George G. Meade, Maryland

and

Jacqueline Mottern, Ph.D.

Personnel Survey Division

Army Research Institute for

the Social and Behavioral Sciences

Alexandria, Virginia

DTIC QUALITY INSPECTED 2

USAIDR Report No. DE-9301

September 1993

Accession For	
NTIS GRA&I	<input checked="checked" type="checkbox"/>
DTIC TAB	<input type="checkbox"/>
Unannounced	<input type="checkbox"/>
Justification	
By _____	
Distribution/ _____	
Availability Codes	
Dist	Avail and/or Special
A-1	

Disclaimer

The views of the authors do not purport to reflect the views of the Department of the Army or the Department of Defense (Para. 4-3, AR 360-5).

Table of Contents

	Page
Executive Summary	5
Chapter 1: Introduction	
1.1 Purpose of the Study	8
1.2 Background	8
Chapter 2: Methods	
2.1 Study Design	9
2.2 Selecting the Study Sample	9
2.3 Data Analysis	9
2.3.1 Data Management	9
2.3.2 Major Analysis Groups	10
2.3.3 Key Outcome Variables	10
Chapter 3: Results	
3.1 Sample Size and Response Rate	11
3.2 Enrollment Status	11
3.3 Spouse Participation in the Enrollment Decision	11
3.4 Sources of Information on the ADDDIP	12
3.5 Places for Guidance on How the ADDDIP Works	12
3.6 Most Convenient Place for Guidance on the ADDDIP	12
3.7 Management of Continued Program Enrollment	12
3.8 Most Liked ADDDIP Feature	13
3.9 Extent of ADDDIP Utilization	13

Chapter 4: Discussion and Recommendations	
4.1 Enrollment Status	14
4.2 Participation in the Enrollment Decision	14
4.3 Sources of Information on the ADDDIP	15
4.4 Places for Guidance on How the ADDDIP Works	15
4.5 Most Convenient Place for Guidance on the ADDDIP	15
4.6 Management of Continued Program Enrollment	16
4.7 Most Liked ADDDIP Feature	16
4.8 Extent of ADDDIP Utilization	16
4.9 Recommendations	17
References	19
Appendix A: Survey Instrument	21
Appendix B: Figures	25

Executive Summary

This study explores the process by which soldiers and their families made the decision to enroll in the Active Duty Dependent's Dental Insurance Plan (ADDDIP). It is hoped that by studying this process, insights can be gained into how to better market the plan.

Data was collected in spring 1990 on the semiannual, worldwide survey of military personnel conducted by the U.S. Army Research Institute for the Social and Behavioral Sciences. For analysis, the sample was limited to soldiers with families who were eligible to enroll in the ADDDIP or to families who actually did enroll.

Results show that about seven out of ten officers (73%) and six out of ten enlisted personnel (58%) have dependent family members who are eligible to enroll in the ADDDIP. Of these personnel, 46% of the officers and 37% of the enlisted personnel have their family members enrolled in the ADDDIP.

Of those personnel with dependents who are enrolled in the ADDDIP,

- three out of five officers (60%) and about two out of five enlisted personnel (45%) report that both they and their spouses made the decision to enroll dependents in the ADDDIP. However, 38% of officers and 49% of enlisted personnel made the enrollment decision by themselves.

- two out of five officers (40%) and enlisted personnel (42%) report that none of their dependents have used the ADDDIP. The remaining officers (60%) and enlisted personnel (58%) have had some or all of their dependents use the ADDDIP.

- about two out of five officers (41%) and enlisted personnel (38%) report that dependents have used the program for more than examinations and teeth cleaning.

- officers report most frequently using the finance office, CHAMPUS benefits advisor, or personnel office (55%), posters or brochures (44%), and friends (30%) as sources of information on the ADDDIP.

- enlisted personnel report most frequently using the finance office, CHAMPUS benefits advisor, or personnel office (58%), posters and brochures (36%), friends (35%), or NCO/ commanding officer (34%) as sources of information on the ADDDIP.

- both officers and enlisted personnel report that they would go to an Army dental clinic (27% officers, 32% enlisted), call Delta Dental (21% officers, 20% enlisted), or go to their personnel office (22% officers, 19% enlisted) to get answers to questions about the ADDDIP.

- one out of three officers (38%) and enlisted personnel (36%) report that the most convenient place to go for ADDDIP information is the Army dental clinic. The second most frequently mentioned location is the CHAMPUS Health Benefits Advisor's office (33% officers, 34% enlisted).

- about three out of five officers (57%) and enlisted personnel (56%) prefer that enrollment in the ADDDIP be done automatically.

- officers and enlisted personnel most often mentioned the following as the features they like best about the ADDDIP: good cost value (24% officers, 23% enlisted), dependents can get care from the same dentist (21% officers, 26% enlisted), and the service member knows in advance what services are covered (19% officers, 22% enlisted).

The results of this study lead us to make the following recommendations to the Army Assistant Surgeon General for Dental Services:

- A copy of this report should be provided to the Chiefs of other service dental corps, the Department of Defense Dental Consultant, the Office of Civilian Health and Medical Plan of the Uniformed Services, and the insurance underwriter for their use in future program development of the Active Duty Dependents' Dental Insurance Plan.

- A uniform strategy for marketing the ADDDIP to all three military services should be developed in conjunction with the underwriter of the plan. The strategy should take account of the findings of this study.

- In marketing the ADDDIP, characteristics that enrollees in the plan most value--consistent access to quality dental care, good cost-value, and the benefit of a single family dentist--should be emphasized.

- Marketing of the ADDDIP should be aimed at both the sponsor and the spouse. In many Army families, spouses play a key role in decisions about family dental health care.

- Questions about the mechanics of the ADDDIP should be fielded by individuals with some knowledge of the delivery of dental care such as the CHAMPUS Health Benefits Advisor or military dental clinic personnel. Adequate personnel and resources should be devoted to ADDDIP counseling services.

- Re-enrollment in the ADDDIP should be automatic with a self-initiated option to disenroll; notification of changes in benefits should be placed on the sponsor's Leave and Earnings Statement, as are other major changes in military benefits.

- In order to keep long-run costs of the program low, the government should encourage enrollees to make use of the plan's preventive services.

- A future study should explore whether access barriers or other factors are keeping 40% of ADDDIP enrolled families from using plan benefits.

In light of recent Congressional action to improve the benefits package, we make one further recommendation:

- Because services covered under the Active Duty Dependent's Dental Insurance Plan will be expanded and premium costs will double, a future survey should explore the impact of these changes on plan enrollment and utilization.

Chapter 1: Introduction

1.1 Purpose of the Study

This study explores the process by which soldiers and their families made the decision to enroll in the Active Duty Dependent's Dental Insurance Plan (ADDDIP). Specifically, it seeks to identify the following: 1) whether soldiers consulted their spouses in making the enrollment decision, 2) whether soldiers consulted their friends, their chain of command, other military sources (such as the CHAMPUS Health Benefits Advisor, the Finance Office, or the Personnel Office), or media sources in making the enrollment decision, 3) where soldiers turned for help if they had questions about the ADDDIP, 4) where soldiers think would be the most convenient place to get information about the ADDDIP, 5) how soldiers think continued program enrollment should be managed, 6) what feature soldiers like best about the insurance program, and 7) how extensively their dependents have utilized the ADDDIP. It is hoped that the answers to the questions will provide insights into how to improve marketing and administration of the plan to boost enrollment.

1.2 Background

In the summer of 1989, the Armed Services Committee of the U.S. House of Representatives voiced concern that "inadequate marketing" was adversely affecting enrollment in the Active Duty Dependents Dental Insurance Plan (ADDDIP) (1). Although previous Army studies on the ADDDIP had explored relationships between demographic characteristics and enrollment choice (2-5) or satisfaction with its benefits structure (4,5), no studies have investigated the *process* by which military families evaluated the ADDDIP and made their enrollment choice. This lack of understanding and the concern expressed by Congress prompted the Office of the Assistant Surgeon General for Dental Services to request a marketing survey of the ADDDIP be done by the U.S. Army Health Care Studies and Clinical Investigation Activity in conjunction with the Army Research Institute for the Social and Behavioral Sciences.

Marketing research typically focuses on the process of how people make decisions. By better understanding that process, improvements can be made in the way goods and services are sold. Our findings from a spring 1990 survey suggest ways to improve disseminating information about the ADDDIP which may ultimately enhance enrollment.

Chapter 2: Methods

2.1 Study Design

The "social learning theory" of Bandura suggests that consumers develop attitudes and behaviors based largely on their communication with other people, such as their family, friends, and associates, and through contact with the mass media (6). Drawing on this theory, we drafted a nine item questionnaire (see Appendix A) relating to the ADDDIP. One item asked what their enrollment decision was. This was followed by five items dealing with the influence of family, peers, or media in making the enrollment choice. Then one question probed what satisfied them most about the dental insurance plan. Finally, two questions queried the extent to which they had utilized the plan. We believe the latter three questions contain information that the respondents might pass on to their friends and peers which could in turn influence the enrollment decision of others. The questionnaire was drafted in consultation with a health benefits analyst at the Office of the Civilian Health and Medical Plan of the Uniformed Services in Aurora, Colorado.

To collect data we used the semiannual, worldwide, cross-sectional Survey of Military Personnel (SMP) conducted by the Personnel Survey Division of the U.S. Army Research Institute for the Social and Behavioral Sciences. Our battery of questions appeared on the Spring 1990 SMP survey along with 160 questions covering other topics and respondent demographics. As with all SMP surveys, questionnaires were pre-tested. None of the dental questions used on the survey were considered ambiguous by the respondents.

2.2 Selecting the Study Sample

Approximately 10% of officers and 5% of enlisted personnel are selected to participate in these surveys. Samples are selected at random from the Standard Installation/ Division Personnel System using the last two digits of the service member's social security number.

2.3 Data Analysis

2.3.1 Data Management

Completed survey forms were screened and edited by the Army Research Institute (ARI) and were entered onto a computer tape. Statistical analysis was performed by ARI personnel using the Statistical Package for the Social Sciences (SPSS-X).

2.3.2 Major Analysis Groups

Analysis of the survey data was done using frequencies across rank subgroups (i.e. PV1-CPL, SGT-SSG, SFC-CSM, WO1-WO4, 2LT-CPT, and MAJ-COL). Occasionally, reference is made to comparisons between rank groups (i.e. officers versus enlisted personnel).

2.3.3 Key Outcome Variables

Results in this report are organized in sections devoted to key outcome variables, which correspond to the topics of the questions on the survey (see Appendix A for a list of the questions). These include enrollment status (question 2), participation in the enrollment decision (question 1), sources of information on the ADDDIP (questions 5-9), places for guidance on the ADDDIP (question 10), most convenient place for guidance on how the ADDDIP works (question 11), management of program enrollment (question 12), most liked ADDDIP feature (question 13), and extent of ADDDIP utilization (questions 3 and 4). In our analysis, we eliminated all "does not apply", "don't know", or "no opinion" responses.

Chapter 3: Results

3.1 Sample Size and Response Rate

For the spring 1990 SMP survey, 3,705 officers and 13,555 enlisted soldiers returned completed questionnaires, representing a 56.5% and a 68.4% response rate, respectively.

To determine the proportion of military families who enrolled in the ADDDIP, we limited the sample to respondents with dependents who are eligible to enroll in the ADDDIP. Thus, we excluded all single personnel without dependents, all childless, married personnel with active duty spouses, and all personnel stationed outside the fifty U.S. states.

Out of the 1990 Spring SMP survey respondents, roughly seven out of ten CONUS officers (2,733) and six out of ten CONUS enlisted personnel (7,938) have dependent family members who are eligible to enroll in the ADDDIP. However, the number of enrollment-eligible CONUS families who answered individual questions varied due to non-response.

3.2 Enrollment Status

Roughly seven out of ten CONUS officers (73%) and six out of ten CONUS enlisted personnel (58%) have dependent family members eligible to enroll in the Active Duty Dependent's Dental Insurance Plan. Of this group, 46% of officers and 37% of enlisted personnel enrolled their families in the ADDDIP. However, as Figures 1 and 2 demonstrate, within both rank groups, senior ranking personnel are more likely to have joined the plan than junior ranking personnel. The only rank subgroup where a majority of respondents did enroll was senior officers (MAJ-COL: 55.2%). Junior enlisted personnel (PV1-CPL) were least likely to enroll in the ADDDIP (29.7%).

3.3 Spouse Participation in the Enrollment Decision

Figures 3 and 4 show that spouse participation in the enrollment decision varied across rank subgroups. As rank increased, the proportion of joint decisions (between sponsor and spouse) increased. A majority of all officer families made joint enrollment decisions, however for mid- and upper-grade enlisted personnel, there was an even split between joint decisions or decisions made by the service member only. In a majority of junior ranking enlisted families (52.6%), the enrollment decision was made solely by the sponsor. In very few families did the spouse alone make the decision.

3.4 Sources of Information on the ADDDIP

Figures 5-14 show what sources of information respondents used to learn about the Active Duty Dependent's Dental Insurance Plan. The most commonly used reference was the Finance Office, CHAMPUS Health Benefits Advisor, or Personnel Office. Roughly half or more of all rank subgroups turned to this source for information. Chain of command was the least most used reference for officers (about 15%) but tied with friends for the second most commonly used reference (about 33%) for enlisted personnel. Use of posters or brochures showed the most variation across rank subgroups. They were used least by privates to corporals (24.7%) but used most by majors to colonels (51.7%). Newspapers or magazines were consulted by only a quarter of soldiers.

3.5 Places for Guidance on How the ADDDIP Works

Where soldiers went for guidance on how the ADDDIP works is presented in Figures 15 and 16. Results show that many sources were used, however few soldiers talked to a civilian dentist or their unit counselor. The remaining four sources were fairly close in their frequency of use.

The most commonly consulted source for all rank subgroups, except majors-colonels, was Army dental clinics. Majors-colonels were slightly more likely to consult the insurance plan's Evidence of Coverage booklet first. In moving from lower rank subgroups to higher rank subgroups, the proportion of soldiers consulting the Evidence of Coverage booklet or their post personnel office, finance office or CHAMPUS health benefits advisor climbs while the proportion consulting the military dental clinic declines.

3.6 Most Convenient Place for Guidance on the ADDDIP

When we asked soldiers where they thought would be the most convenient place to get guidance on the ADDDIP, a clear preference for two sources emerged. Approximately two-thirds or better of all respondents favored Army dental clinics or the CHAMPUS Health Benefits Advisor (see Figures 17 and 18). Very few soldiers felt the Finance Office, Military Personnel Office, unit orderly room, or other places were good sources for guidance.

3.7 Management of Program Enrollment

With regard to managing program enrollment, a majority of all rank subgroups support automatic re-enrollment. However, roughly 45% support a review of the enrollment decision every two years (see Figures 19 and 20).

3.8 Most Liked ADDDIP Feature

Across nearly all rank subgroups, the three features about the ADDDIP emerge as best liked are as follows: the family can get care from the same dentist, the plan is good value for its cost, and the services covered are known in advance regardless of where assigned in the U.S. (see Figures 21 and 22). Among warrant officers, the feature-- civilian dentists treat my family with respect--displaces good cost value as one of top three liked features.

The rank order of the top three liked features differs across rank subgroups. Among non-warrant officers, cost value ranks first, one family dentist ranks second, and knowing services covered ranks third. For warrant officers and mid- and upper-grade non-commissioned officers, one family dentist ranks first, while to junior enlisted personnel, knowing services covered ranks first.

Relatively few soldiers considered convenient appointments an important feature. The ease of making appointments was moderately valued.

3.9 Extent of ADDDIP Utilization

Figures 23-26 pertain to the extent that soldier's families have used the ADDDIP. With the exception of junior enlisted personnel and junior officers, a majority of rank subgroups have used the insurance plan to some extent. As rank subgroup increases, use of the plan by all family members increases. Use of the plan by all family members is least common for junior enlisted families (20.8%) and most common for senior officer families (51.2%).

About one-third or more of all rank subgroups have used the ADDDIP for services other than examinations or oral prophylaxis. Such extended care is more commonly sought by senior officer and senior non-commissioned officer families.

Chapter 4: Discussion and Recommendations

4.1 Enrollment Status

The Active Duty Dependent's Dental Insurance Plan became active late in the summer of 1987. Service members with dependents were automatically enrolled in the plan and had to take the initiative to disenroll. Despite this impediment, less than half of eligible Army families stayed enrolled in the ADDDIP.

We have conducted one other survey, aside from this one, in conjunction with the Army Research Institute to monitor enrollment and probe other issues related to the insurance plan. Comparing results from the current study with those from one conducted in the fall of 1988 (4) show no change in ADDDIP enrollment by Army families. This finding suggests that any marketing efforts made between 1987 and 1990 to boost Army enrollments in the ADDDIP have been unsuccessful.

We speculate that family lifecycle and level of family income account for the finding that senior ranking personnel have higher enrollment in the ADDDIP than junior ranking personnel. Compared to families of senior ranking personnel, families of junior ranking personnel are more likely to be childless or to have children too young to be regularly in need of dental care. Likewise, junior ranking personnel earn less than senior ranking, so their families are more likely to have less discretionary income. The latter may also explain why officers are more likely to enroll in the ADDDIP than enlisted personnel. These findings are consistent with those from an earlier Army study (3) which also noted that enrollment in the ADDDIP had a direct relationship with family size. Differences in education level may also explain why officers were more likely to enroll in the ADDDIP than enlisted personnel.

4.2 Participation in the Enrollment Decision

For a large number of Army families, the decision to enroll in the ADDDIP was made jointly by sponsor and spouse. This confirms one of the tenets of Bandura's theory that consumers make decisions by consulting with their families. However, in a sizeable number of families, the decision was made solely by the sponsor. These findings suggest that marketing efforts for the ADDDIP need to be aimed at both sponsors and their spouses. Otherwise, the influence of a key family health decision maker is being ignored. It also suggests that targeting of the marketing message by rank group might be effective. For the lowest ranking enlisted group, a message aimed at the sponsor alone might be more receptive.

4.3 Sources of Information on the ADDDIP

Results from this study show that soldiers turned to many sources to learn more about the Active Duty Dependent's Dental Insurance Program. This may represent another confirmation of Bandura's "social learning theory" that consumers consult with friends, associates, and the mass media in reaching a decision, or it may show that no one source could adequately answer soldier's inquiries about the ADDDIP. It is interesting to note that these references don't carry equal weight. Oral sources of information tend to be consulted more often than written sources, and the use of written sources increases with rank.

That the Finance Office, CHAMPUS Health Benefits Advisor, and Personnel Office were most frequently consulted is not surprising. After all, administrative responsibility for enrollment in the plan rests with a post's Finance Office.

The relatively frequent use of friends as a source of information suggests that the corporate managers of the plan could boost future enrollments by making a good impression on current enrollees. It also suggests an advertising strategy featuring testimonials of satisfied ADDDIP enrollees.

The relatively frequent use of chain of command by enlisted personnel, but its infrequent use by officers suggests this information source would have mixed results as a marketing tool. Moreover, any attempt to change it from a neutral dispenser of information may lessen its influence.

4.4 Places for Guidance on the ADDDIP

Soldiers turned to many sources to obtain guidance on how the ADDDIP works. Oral sources were more commonly consulted than written sources

4.5 Most Convenient Place for Guidance on the ADDDIP

Even though soldiers turned to many sources to obtain guidance on how the ADDDIP works, they clearly consider two sources, Army dental clinics and the CHAMPUS Health Benefits Advisor, to be the most convenient. We speculate that soldiers feel more comfortable making a decision on health insurance when they consult with a source that is close to the provision of health care. Purely administrative sources such as a post Finance Office, Military Personnel Office, or unit orderly room probably cannot answer some of the more specific health-related questions soldiers have about the ADDDIP. Nor do they carry the credibility of a health professional. Also, administrative sources may be too impersonal in handling inquiries.

4.6 Management of Continued Program Enrollment

Regarding management of continued program enrollment, a majority of soldiers favor automatic re-enrollment. This would be easiest for enrollees and administrators of the program. However, a disadvantage of this approach is that without some type of periodic review, enrollees may be unaware of changes in the program which may enhance their utilization of the benefit or may influence their re-enrollment decision.

4.7 Most Liked ADDDIP Feature

Many features about the Active Duty Dependent's Dental Insurance Plan are well liked. Due to subsidization of the premium by the government, the ADDDIP is less expensive than most comparable civilian dental insurance plans. It is clear that many soldiers perceive that the plan is a good cost value.

The ability to get their family's care provided by one dentist is a highly valued feature of the ADDDIP. This is probably related to better rapport between the family and their health provider. In several medical studies, patients have expressed a preference for more costly, fee-for-service, private practitioners over less costly, group practitioners in Health Maintenance Organizations because they valued the closer rapport in their doctor-patient relationship. In addition, with a single family dentist versus military dental clinics, it may be easier for soldiers to schedule appointments for their entire family during one office visit.

Consistent access to basic dental care, regardless of assignment, is another valued feature of the ADDDIP. That junior enlisted personnel value this feature most may reflect the fact that their dependents continue to have access to dental care even if they reside far away from a military installation. Due to financial pressures, it is not uncommon for junior enlisted dependents to live with relatives far from a military installation while their sponsors complete unaccompanied tours overseas or even stateside tours in high cost of living areas.

4.8 Extent of ADDDIP Utilization

A surprising number of enrollees in the Active Duty Dependent's Dental Insurance Plan (roughly 40%) do not use it. Such a high level of non-use is consistent with findings from studies of other insured groups (7-16). In this study, non-use is more common among junior and warrant officers and among junior and mid-level enlisted personnel. This may be due to a lack of awareness of their enrollment status or of the benefits of the plan. However, new accessions and soldiers with orders to go

overseas are regularly given briefings on the ADDDIP. Perhaps socioeconomic factors or access barriers such as cost, not being able to find a suitable participating dentist, or other factors, account for the differences in utilization behavior. Several civilian studies of insured groups have identified socioeconomic status to be a potent factor for explaining in differences in dental utilization (12-16). Factors related to non-use of ADDDIP benefits by Army enrollees should be explored in future studies.

It would be in the best interests of the Army if it were to promote oral health prevention and promotion under the ADDDIP as a way of maintaining the oral health of enrollees. Over the long-run, the cost of insuring the dependent population would be less if timely preventive services diminish the need more costly comprehensive dental services.

Use of the plan for other than exams and oral prophylaxis is not common. Perhaps enrollees are in relatively good oral health and do not require further dental care or perhaps they need dental procedures that are not covered by the insurance. This may change dramatically when ADDDIP benefits are expanded in April to include third molar extractions, endodontics, prosthetics, periodontics, and orthodontics (17).

These added benefits most likely will enhance utilization of the ADDDIP by current enrollees. They will probably also enhance the attractiveness of the plan to non-enrollees. Past surveys have documented that both enrollees and non-enrollees wanted ADDDIP benefits expanded and were willing to pay for added benefits (3-5). However, whether enrollment of Army families in the ADDDIP will increase as a result of the plan's expansion of services is unclear since this expansion of benefits will double the premiums compared to the current plan (17). The impact of changes in the current plan should be explored in future surveys.

4.9 Recommendations

In conclusion, the results of this study lead us to the make the following recommendations to the Army Assistant Surgeon General for Dental Services:

- A copy of this report should be provided to the Chiefs of other service dental corps, the Department of Defense Dental Consultant, the Office of Civilian Health and Medical Plan of the Uniformed Services, and the insurance underwriter for their use in future program development of the Active Duty Dependents' Dental Insurance Plan.
- A uniform strategy for marketing the ADDDIP to all three military services should be developed in conjunction with the underwriter of the plan. The strategy should take account of

the findings of this study.

- In marketing the ADDDIP, characteristics that enrollees in the plan most value--consistent access to quality dental care, good cost-value, and the benefit of a single family dentist--should be emphasized.
- Marketing of the ADDDIP should be aimed at both the sponsor and the spouse. In most Army families, spouses play a key role in decisions about family dental health care.
- Questions about the mechanics of the ADDDIP should be fielded by individuals with some knowledge of the delivery of dental care such as the CHAMPUS Health Benefits Advisor or military dental clinic personnel. Adequate resources of personnel, material, and time should be devoted to ADDDIP counseling services.
- Re-enrollment in the ADDDIP should be automatic with a self-initiated option to disenroll; notification of changes in benefits should be placed on the sponsor's Leave and Earnings Statement, as are other major changes in military benefits.
- In order to keep long-run costs of the program low, the government should encourage enrollees to make use of the plan's preventive services.
- A future study should explore whether access barriers or other factors are keeping 40% of ADDDIP enrolled families from using plan benefits.

We make one further recommendation in light of recent Congressional action to improve the benefits package:

- Because services covered under the Active Duty Dependent's Dental Insurance Plan will be expanded and premium costs will double, a future survey should explore the impact of these changes on plan enrollment and utilization.

REFERENCES

1. National Defense Authorization Act for Fiscal Years 1990-1991. Report of the Committee on Armed Services, U.S. House of Representatives. Report 101-121, July 1, 1989, p. 306.
2. Chisick, M.C.; Guerin, R.D.; and Shulman, J.D. (1990): The Dental Needs of Army Family Members, 1986: Pilot Study Report # DR90-002. U.S. Army Health Care Studies and Clinical Investigation Activity, Ft. Sam Houston, TX.
3. Chisick, M.C. and Guerin, R.D. (1990): The Dental Health of Army Family Members: 1987-88: Volume III: Attitudes Toward the Active Duty Dependent's Dental Insurance Plan and Enrollment Choice Report # DR90-001C. U.S. Army Health Care Studies and Clinical Investigation Activity, Ft. Sam Houston, TX.
4. Chisick, M.C. and Guerin, R.D. (1990): Satisfaction with Space Available Dental Care and the Active Duty Dependent's Dental Insurance Program Report # DR90-004. U.S. Army Health Care Studies and Clinical Investigation Activity, Ft. Sam Houston, TX.
5. Chisick, M.C., Guerin, R.D., and Williams, T.R. (1992): Reaction of Army Families with Grade School Children to the Active Duty Dependents Dental Insurance Plan, Military Medicine 157:307-310, 1992.
6. Bandura, A. (1977): Social Learning Theory Prentice Hall Publishers, Englewood Cliffs, NJ.
7. Farmer, L.R.: The First Year's Experience with Dental Insurance: Dental Care Coverage Administered by an Insurance Company. Journal of the American Dental Association 62:200-204, 1961.
8. Bureau of Economic Research and Statistics, American Dental Association: Use of the American Dental Association Dental Health Care Plan During 1969, 1970, 1971, and 1972. Journal of the American Dental Association 87:667-670, 1973.
9. Shimoni, K.: The Charlotte Model Cities Demonstration Medical-Dental Insurance Program. Inquiry 10:39-51, 1973.
10. Glasser, M.A. and Hoffman, W.S.: Demand for Care: The Effects of Prepayment on the Utilization of Dental Services. from Planning for Dental Care On a Statewide Basis (Bawden and DeFriesse, editors), Dental Foundation of North Carolina, Chapel Hill, NC, 1981.
11. Leverett, D., Hooper, S., and Russel, W.: Variations in Utilization of a Multi-state Company Dental Plan. American Journal of Public Health 67:1173-1178, 1977.

12. Nikias, M.K.: Social Class and the Use of Dental Care Under Prepayment. Medical Care 6:381-393, 1968.
13. Mulvihill, J., Bear, W., Dunning, J., and Giddon, D.: Utilization of a Prepaid Plan of Commercial Dental Insurance. Journal of Public Health Dentistry 32:187-196, 1972.
14. Manning, W., Bailit, H., Benjamin, B., and Newhouse, J.: The Demand for Dental Care: Evidence from a Randomized Trial in Health Insurance. Journal of the American Dental Association 110:895-902, 1985.
15. Chisick, M.C.: A Comparison of Sociodemographics, Perceived Need, and Oral Health Status of Users and Non-users of Dental Services in an Insured Population. Master's thesis. University of North Carolina, Chapel Hill, NC, 1986.
16. Grembowski, D., Conrad, D., and Milgrom, P.: Utilization of Dental Services in the United States and an Insured Population. American Journal of Public Health 75:87-89, 1985.
17. Nelson, S.S.: "More Teeth Put Into Dental Plan", The Army Times 19 October 1992, p. 14.

Appendix A
Survey Instrument

1. Who participated in making the decision on whether to enroll your dependent family members in the ADDDIP?

- a. Does not apply, I do not have dependent family members.
- b. I did.
- c. Both my spouse and I did.
- d. My spouse did.

2. Are any of your dependents enrolled in the ADDDIP?

- a. Does not apply, I do not have dependent family members.
- b. Yes.
- c. No.

IF YOU HAVE NO DEPENDENT FAMILY MEMBERS OR YOUR DEPENDENTS ARE NOT ENROLLED IN THE ADDDIP, SKIP TO QUESTION 14.

3. Have any of your dependents used the ADDDIP?

- a. No.
- b. Yes, some of my dependents have used the plan.
- c. Yes, all of my dependents have used the plan.

4. Have your dependents used the ADDDIP for dental care other than examinations and teeth cleanings?

- a. Yes.
- d. No.

FOR QUESTIONS 5-9, USE THE SCALE AT THE RIGHT TO INDICATE WHICH OF THE FOLLOWING SOURCES OF INFORMATION ON THE ADDDIP YOU HAVE USED.

- A. YES
- B. NO

5. Finance office, or CHAMPUS health benefits advisor, or personnel office.

a. Yes.

b. No.

6. Newspapers or magazines.

a. Yes.

b. No.

7. Commanding officer or NCO.

a. Yes.

b. No.

8. Posters or brochures.

a. Yes.

b. No.

9. Friends.

a. Yes.

b. No.

10. If you had a question on the ADDDIP, to which ONE of these would you go for help?

a. Call Delta Dental, the insurance company for the ADDDIP.

b. Read the Evidence of Coverage booklet given to plan members.

c. The specially appointed counselor in my unit.

d. A civilian dentist in the plan.

e. The Army dental clinic.

f. Personnel office, finance office, or CHAMPUS advisor.

11. Where would be the MOST convenient place for you to get information on the ADDDIP?

- a. Military personnel office.
- b. Finance office.
- c. CHAMPUS health benefits advisor's office.
- d. Unit orderly room.
- e. Army dental clinic.
- f. Other place.

12. How do you think continued enrollment in the program should be managed?

- a. Renewed by choice as a part of in-processing.
- b. Renewed by choice every two years.
- c. Renewed automatically unless requested otherwise.

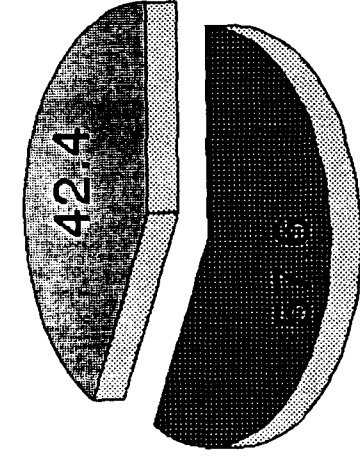
13. Which ONE of the following features do you like best about the ADDDIP?

- a. I know in advance what services are covered.
- b. Appointments are easy to make.
- c. All of my dependents can get care from the same dentist.
- d. Convenient appointment times are available.
- e. The plan is a good value for the cost.
- f. Civilian dentists treat my family with respect.

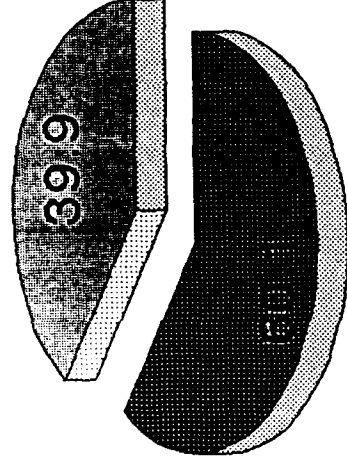
Appendix B
Figures

ENROLLMENT STATUS IN THE ADDDIP

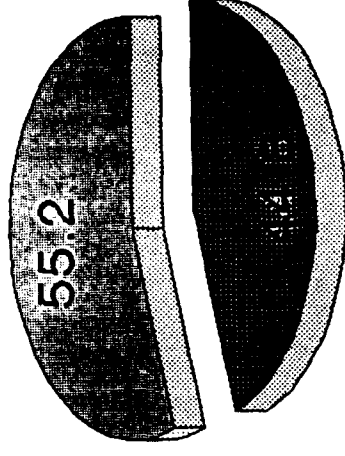
WARRANT\COMMISSIONED OFFICERS



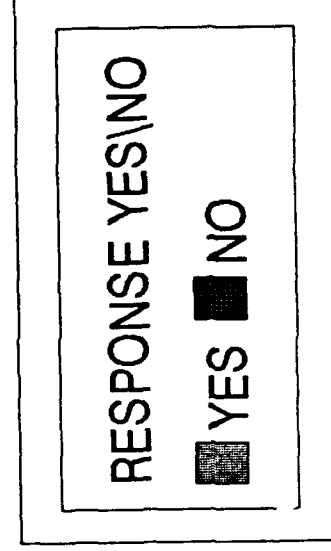
WO1-WO4



2LT-CPT



MAJ-COL

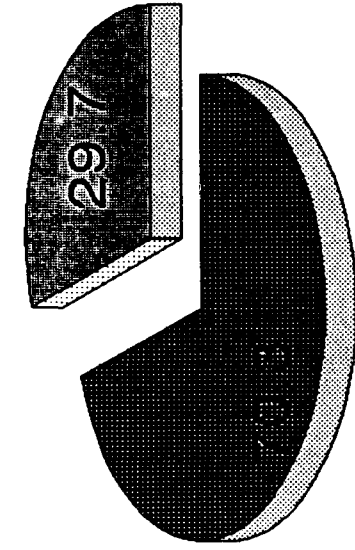


PERCENT

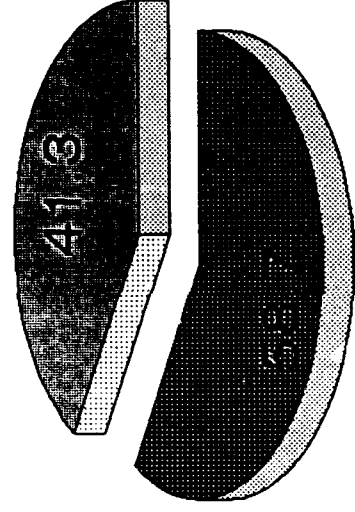
FIGURE 1

ENROLLMENT STATUS IN THE ADDDIP

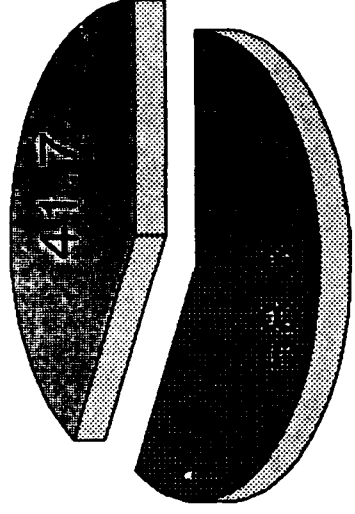
ENLISTED



PV1-CPL



SGT-SSG



SFC-CSM

RESPONSE YES\NO
■ YES ■ NO

PERCENT

FIGURE 2

PARTICIPATION IN ENROLLMENT DECISION

WARRANT\COMMISSIONED OFFICERS

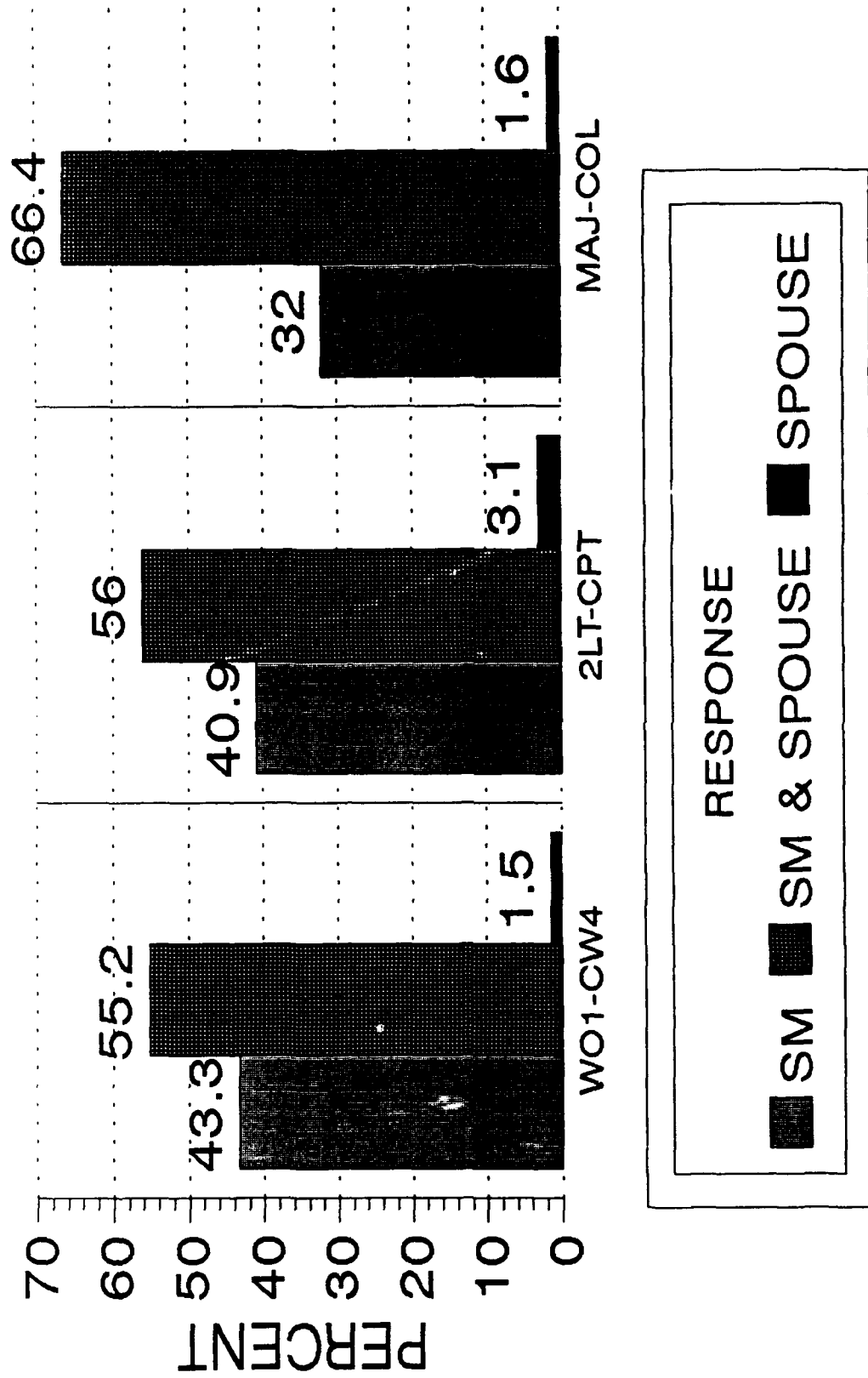


FIGURE 3

PARTICIPATION IN ENROLLMENT DECISION

ENLISTED

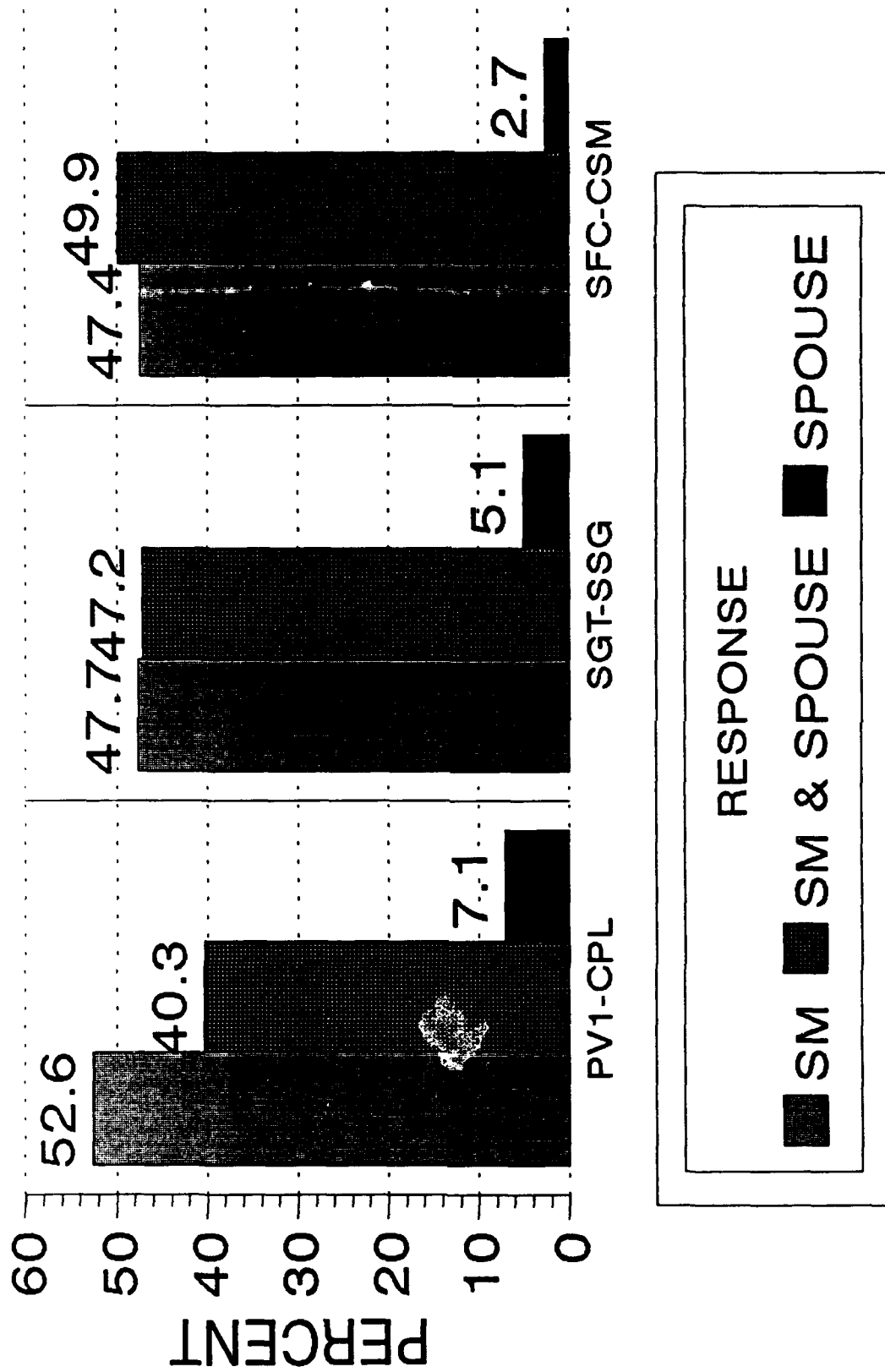
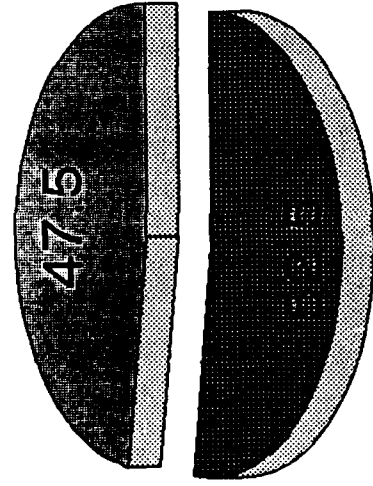


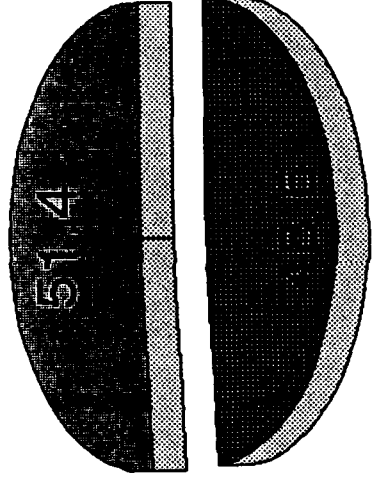
FIGURE 4

USED FINANCE, CHAMPUS OR PERSONNEL FOR INFO

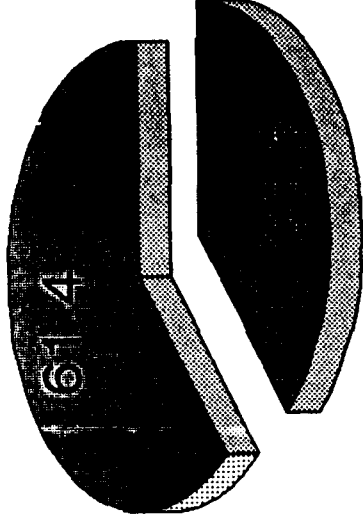
WARRANT\COMMISSIONED OFFICERS



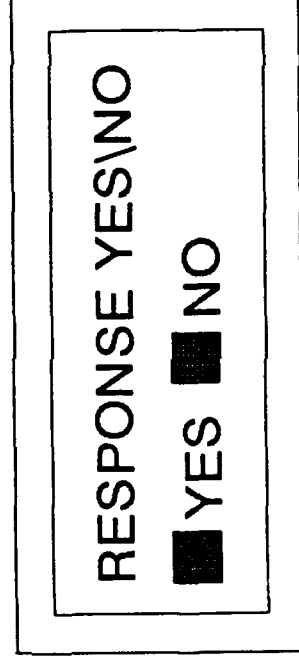
WO1-WO4



2LT-CPT



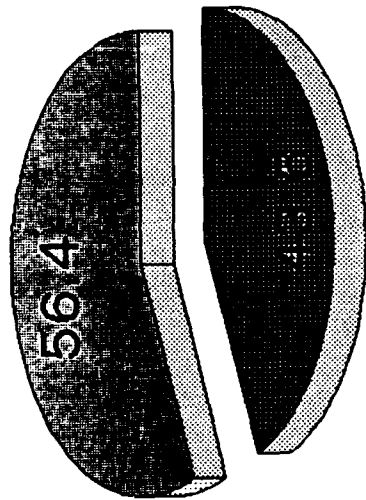
MAJ-COL



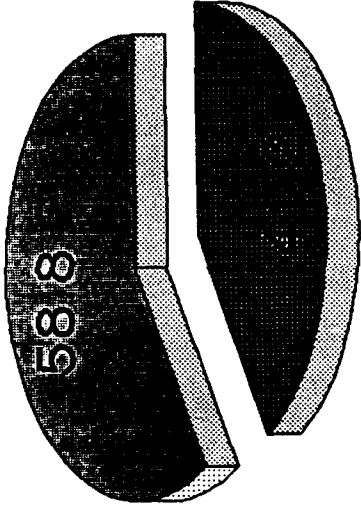
PERCENT

FIGURE 5

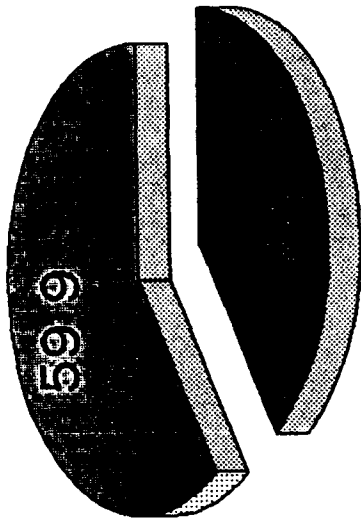
USED FINANCE, CHAMPUS OR PERSONNEL FOR INFO ENLISTED



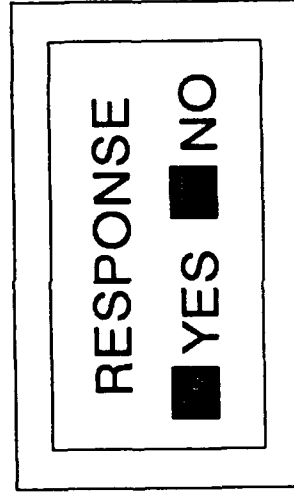
PV1-CPL



SGT-SSG



SFC-CSM

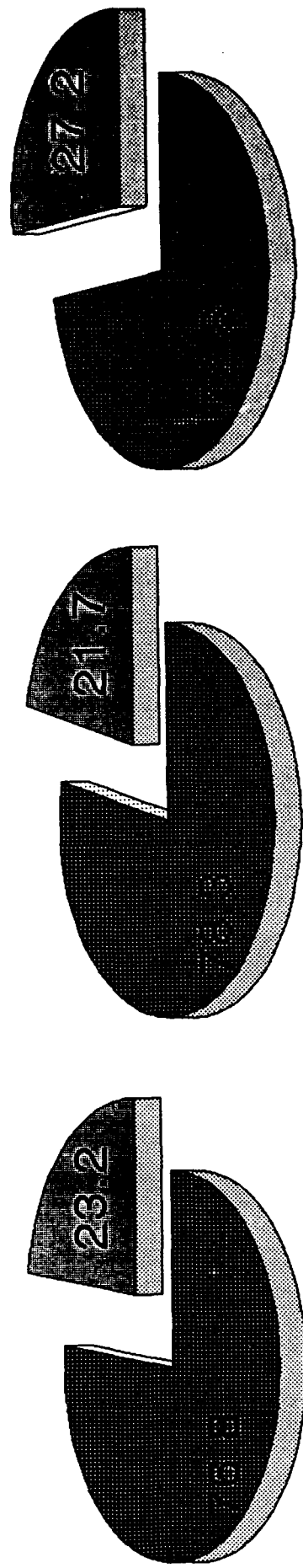


PERCENT

FIGURE 6

USED NEWSPAPERS OR MAGAZINES FOR INFORMATION

WARRANT\COMMISSIONED OFFICERS



WO1-WO4

2LT-CPT

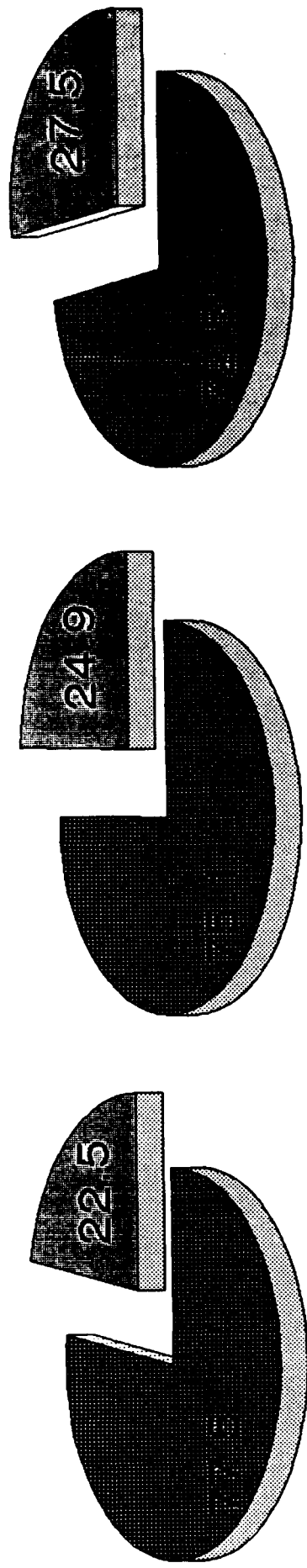
MAJ-COL

RESPONSE YES\NO
■ YES ■ NO

PERCENT

FIGURE 7

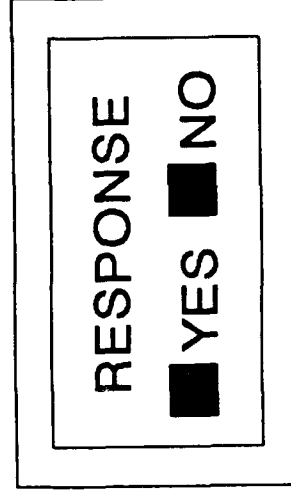
USED NEWSPAPERS OR MAGAZINES FOR INFORMATION ENLISTED



PV1-CPL

SGT-SSG

SFC-CSM

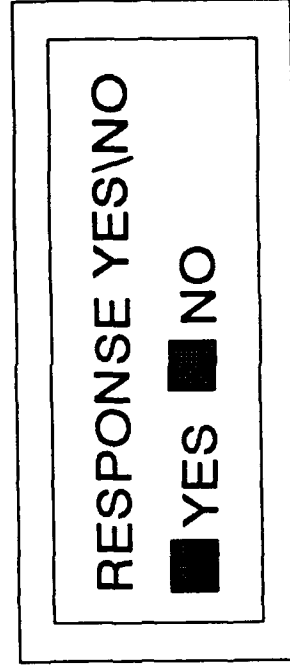
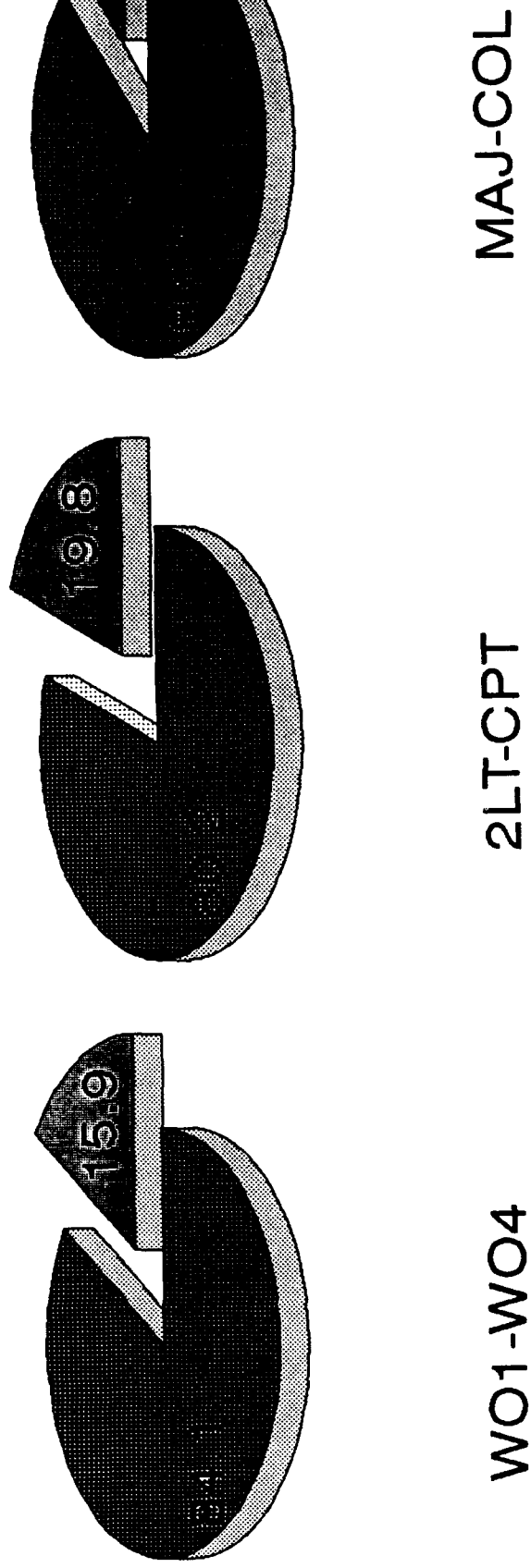


PERCENT

FIGURE 8

USED CHAIN OF COMMAND FOR INFORMATION

WARRANT\COMMISSIONED OFFICERS

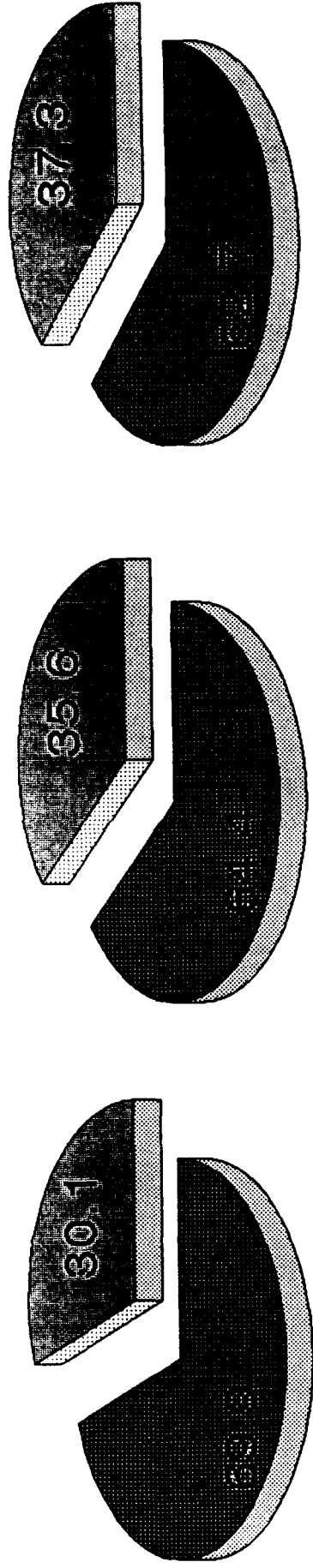


PERCENT

FIGURE 9

USED CHAIN OF COMMAND FOR INFORMATION

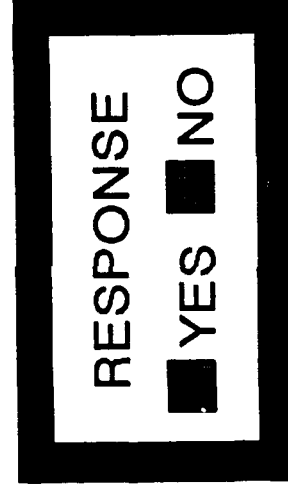
ENLISTED



PV1-CPL

SGT-SSG

SFC-CSM

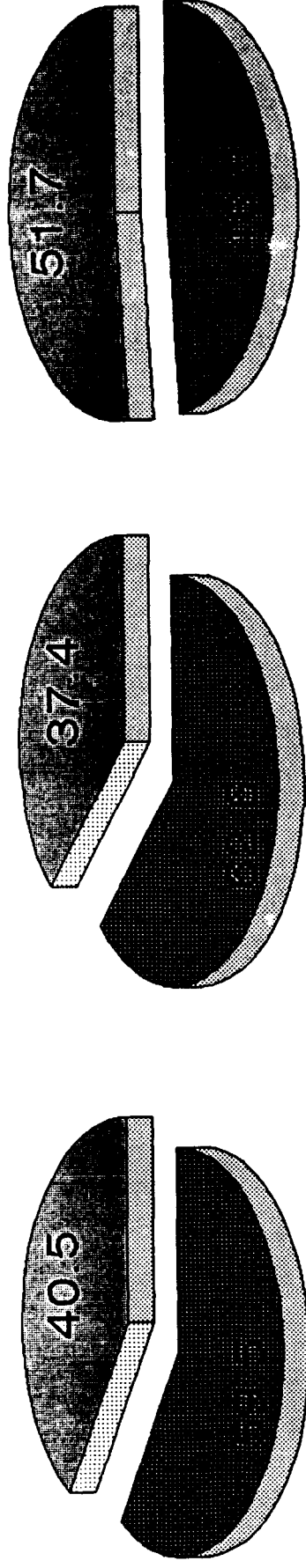


PERCENT

FIGURE 10

USED POSTERS OR BROCHURES FOR INFORMATION

WARRANT\COMMISSIONED OFFICERS



WO1-WO4

2LT-CPT

MAJ-COL

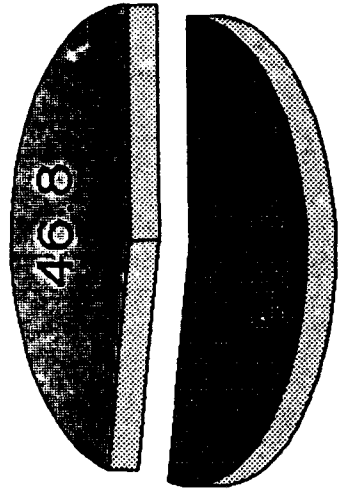
RESPONSE YES\NO

■ YES ■ NO

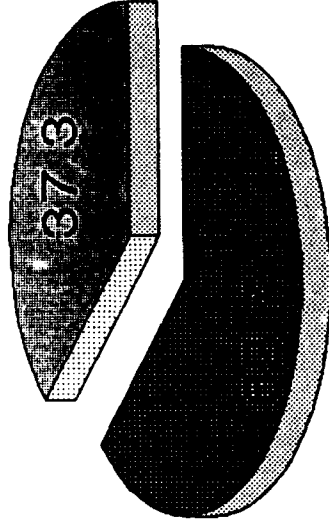
PERCENT

FIGURE 11

USED POSTERS OR BROCHURES FOR INFORMATION ENLISTED

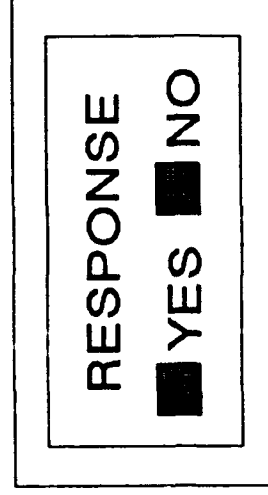


PV1-CPL



SGT-SSG

SFC-CSM

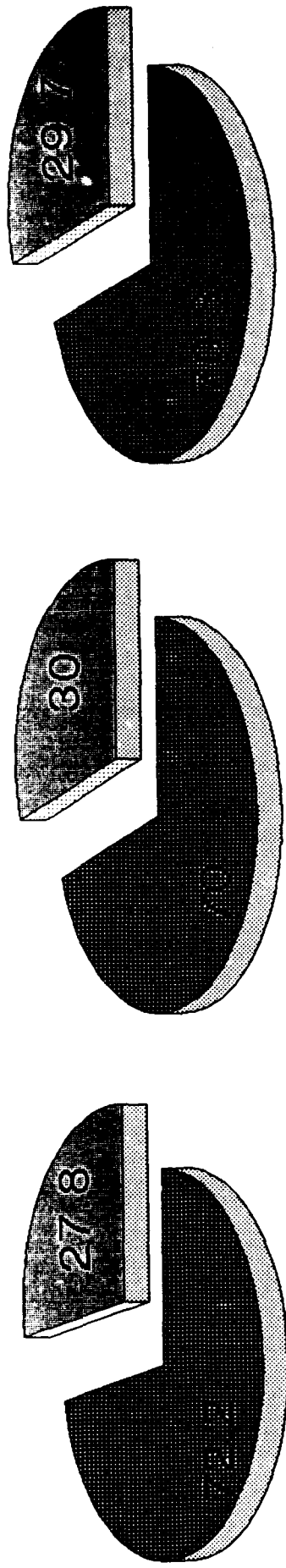


PERCENT

FIGURE 12

USED FRIENDS FOR INFORMATION

WARRANT\COMMISSIONED OFFICERS



WO1-WO4

2LT-CPT

MAJ-COL

RESPONSE YES\NO

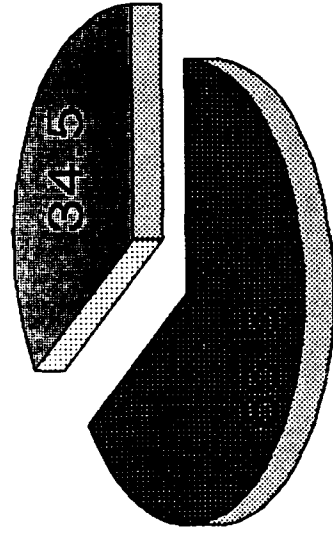
■ YES ■ NO

PERCENT

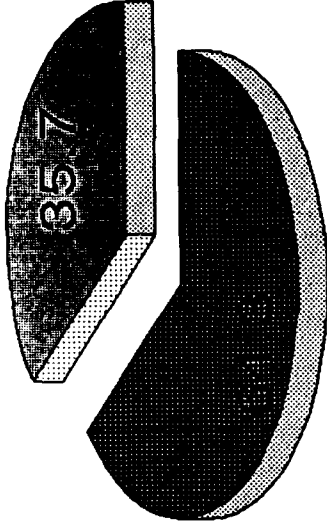
FIGURE 13

USED FRIENDS FOR INFORMATION

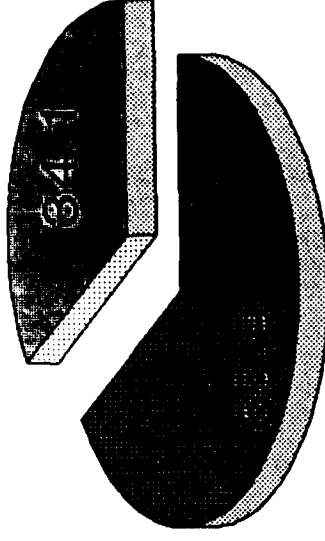
ENLISTED



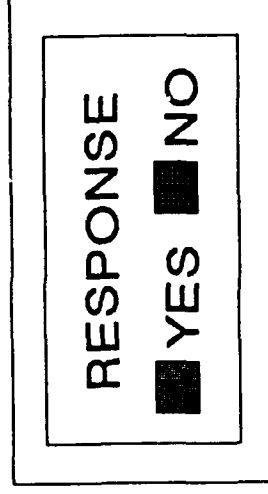
PV1-CPL



SGT-SSG



SFC-CSM

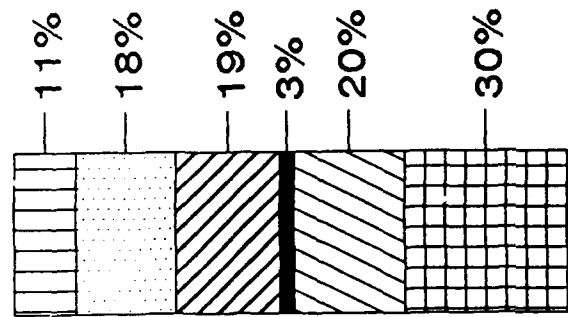


PERCENT

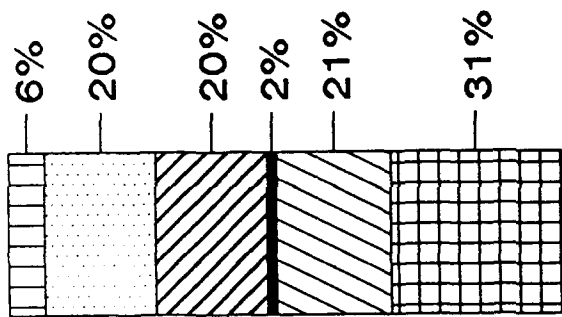
FIGURE 14

WHERE WOULD YOU GO FOR HELP FOR QUESTIONS ABOUT ADDIP

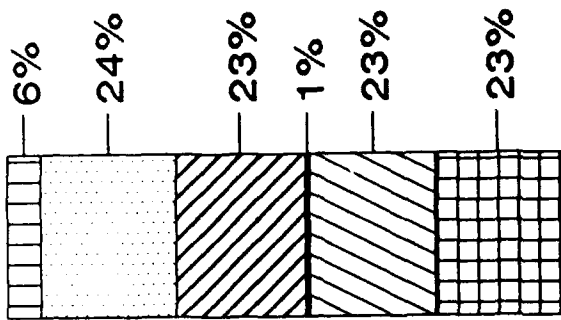
WARRANT\COMMISSIONED OFFICERS



WO1-CW4



2LT-CPT



MAJ-COL

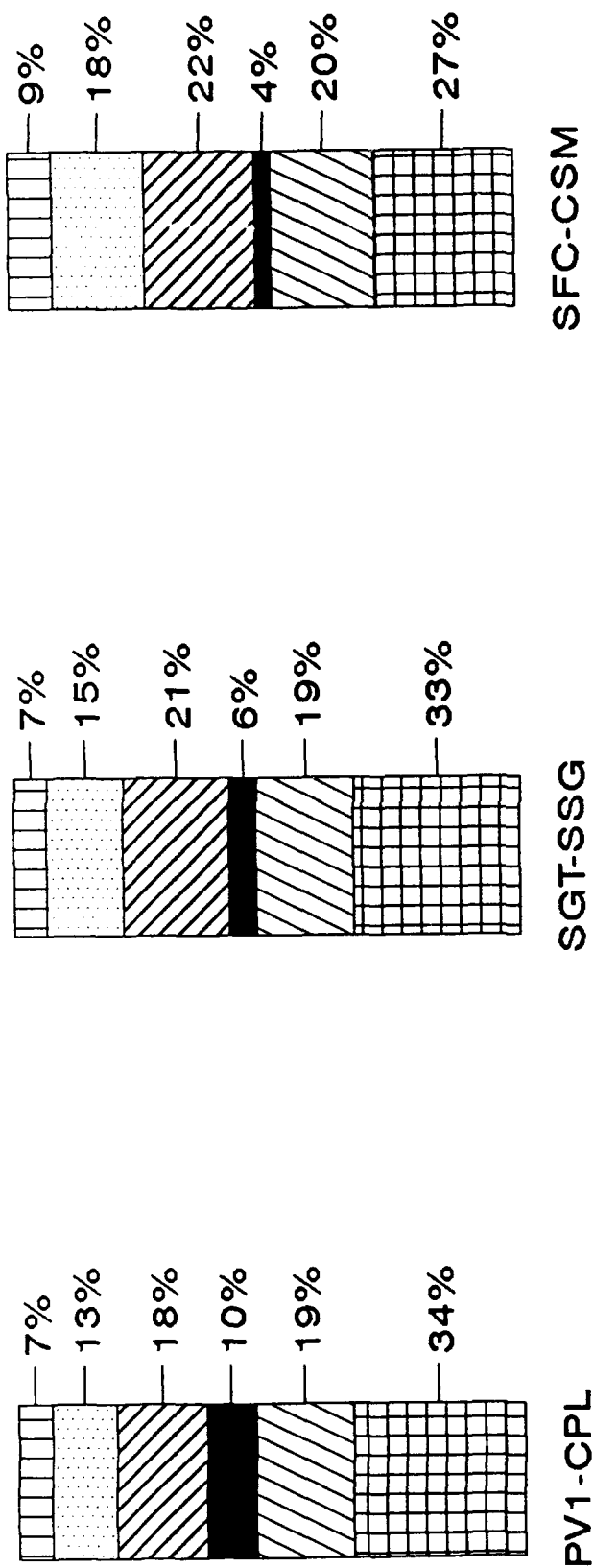
RESPONSE

- ARMY DENTAL CLNC
- CALL DELTA DNTAL
- PRSNL OFF, ETC.
- READ EVDNCE CVRG
- APPNTD UNT CNSLR
- CIVILIAN DENTIST

FIGURE 15

WHERE WOULD YOU GO FOR HELP FOR QUESTIONS ABOUT ADDIP

ENLISTED



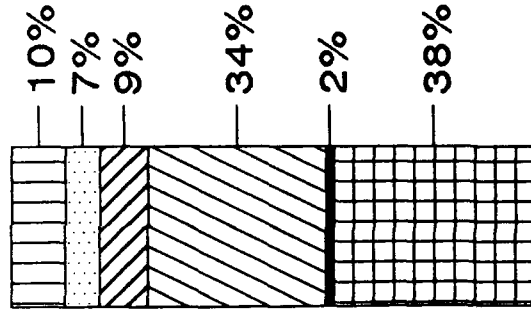
RESPONSE

- ARMY DENTAL CLNC
- CALL DELTA DNTAL
- PRSNL OFF, ETC.
- READ EVDNCE CVRG
- APPNTD UNT CNSLR
- CIVILIAN DENTIST

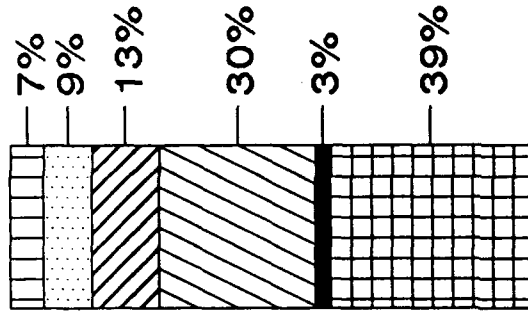
FIGURE 16

MOST CONVENIENT PLACE FOR INFO ON ADDIP

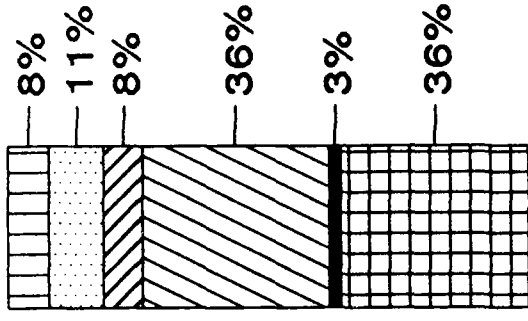
WARRANT\COMMISSIONED OFFICERS



WO1-CW4



2LT-CPT



MAJ-COL

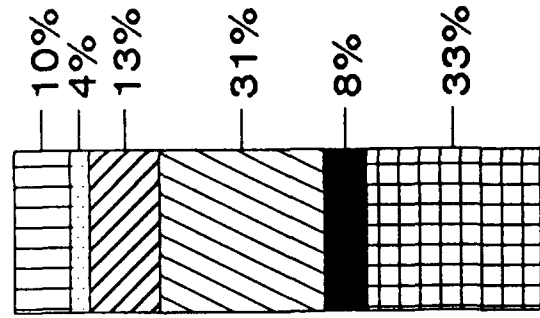
RESPONSE

- ARMY DENTAL CLNC
- UNIT ORDERLY ROOM
- FINANCE OFFICE
- MIL PRSNL OFFICE
- CHAMPUS HBA OFF
- OTHER PLACE

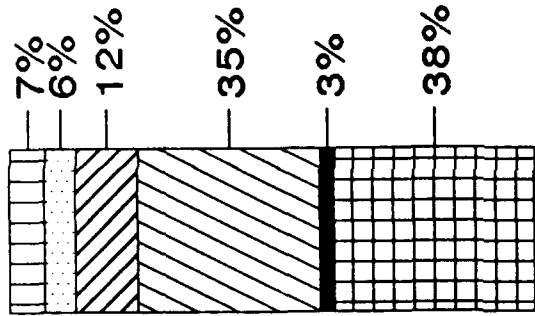
FIGURE 17

MOST CONVENIENT PLACE FOR INFO ON ADDDIP

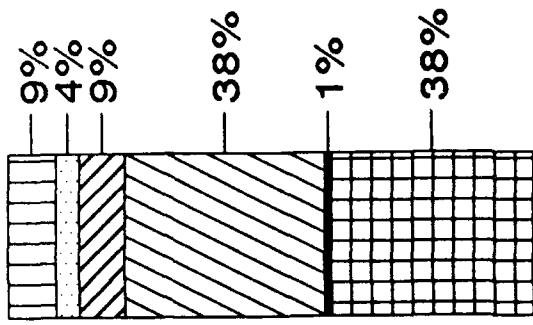
ENLISTED



PV1-CPL



SGT-SSG



SFC-CSM

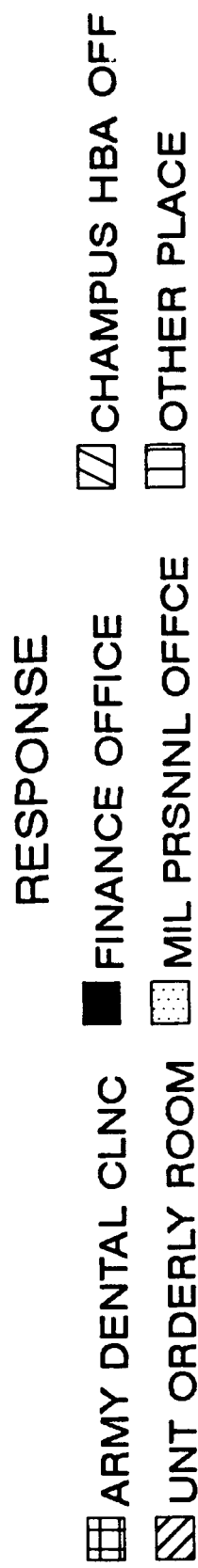
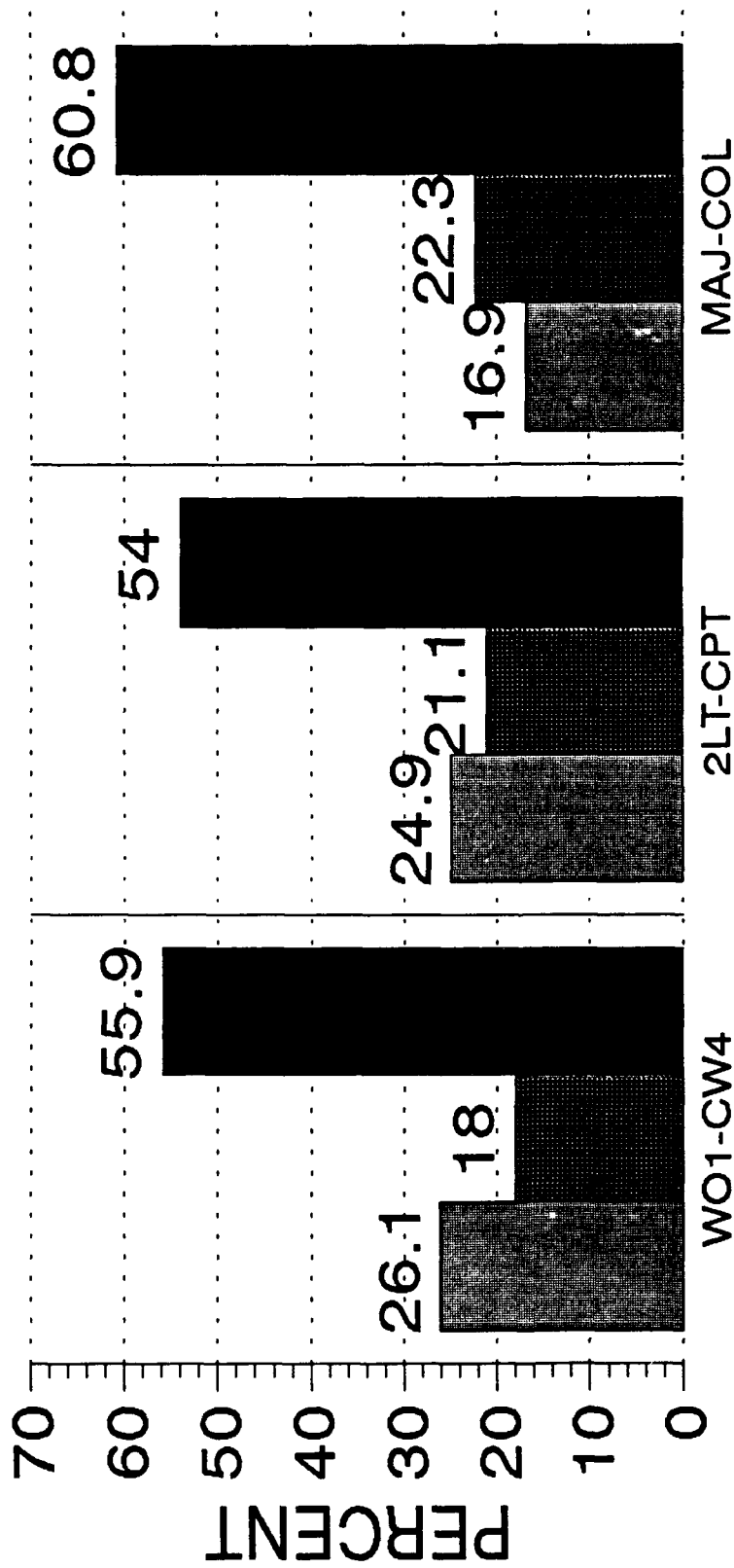


FIGURE 18

MANAGEMENT OF PROGRAM ENROLLMENT

WARRANT\COMMISSIONED OFFICERS



RESPONSE

RENEW IN-PROC

RENEW EVRY 2 YRS

RENEW AUTOMTCLLY

FIGURE 19

MANAGEMENT OF PROGRAM ENROLLMENT

ENLISTED



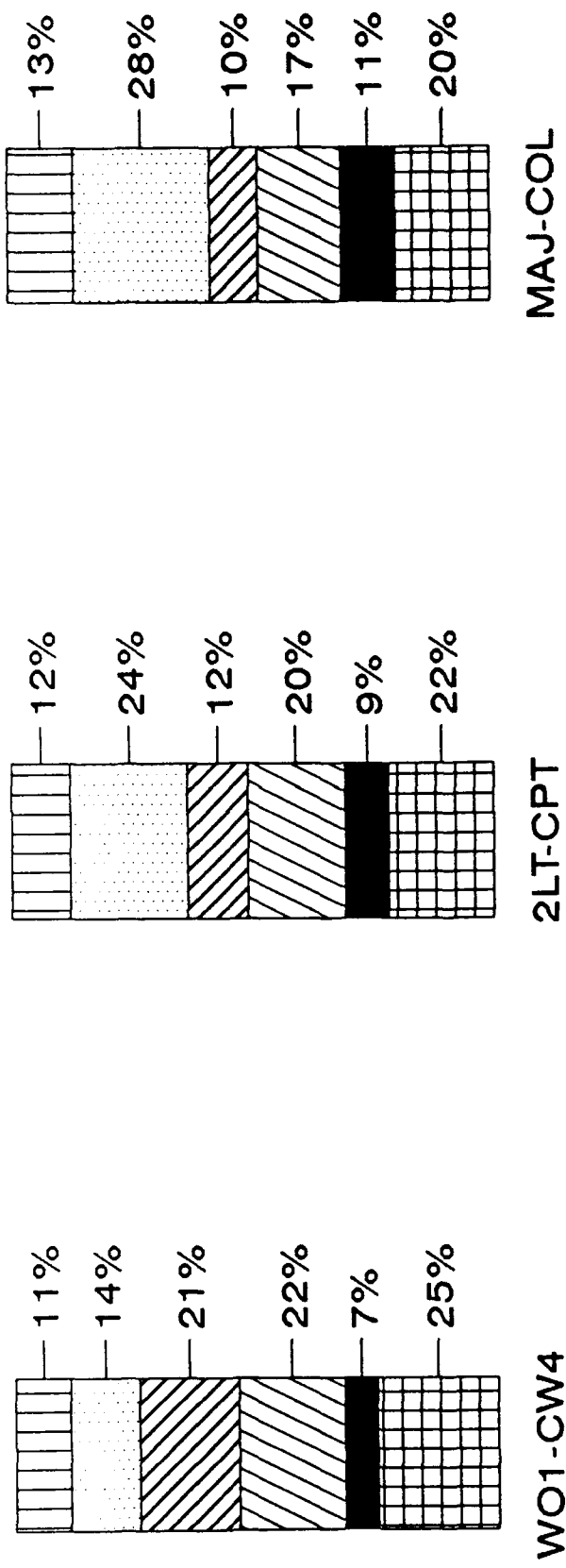
RESPONSE

RENEW IN-PROC RENEW EVRY 2 YRS RENEW AUTOMTCLLY

FIGURE 20

FEATURE BEST LIKED ABOUT THE ADDDIP

WARRANT\COMMISSIONED OFFICERS



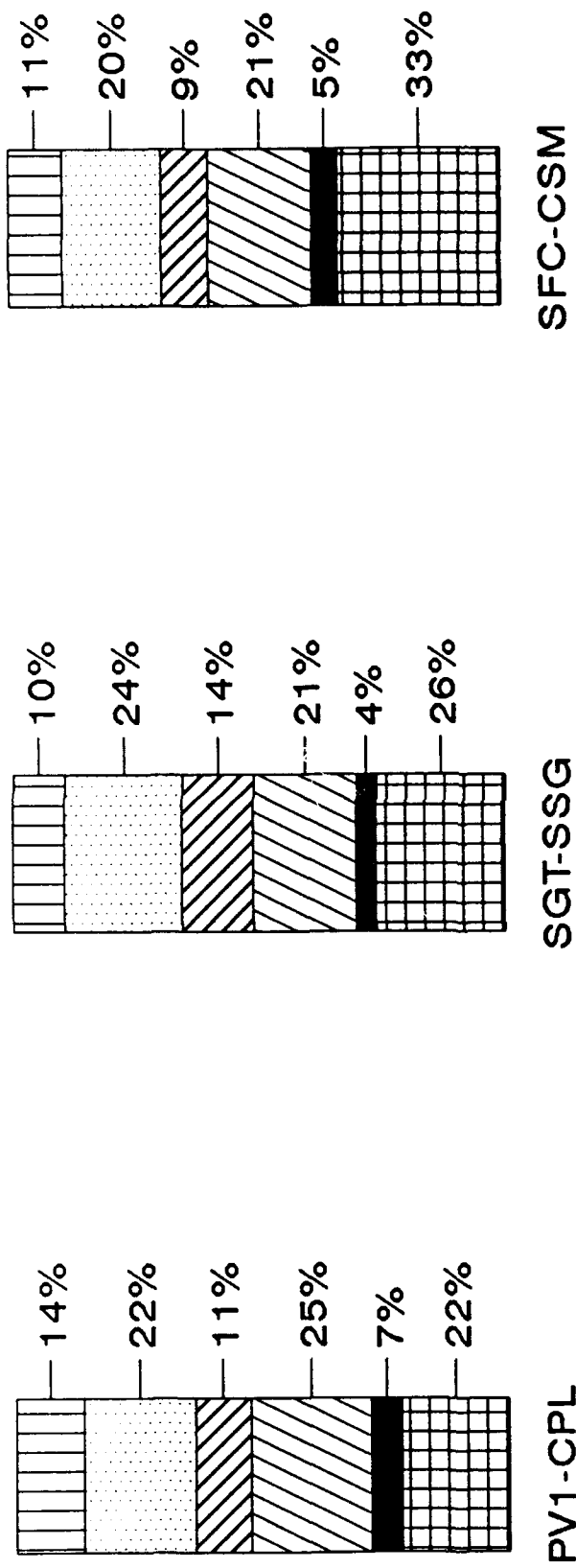
RESPONSE

- ONE DENTIST
- RESPECT
- CONVENIENT
- GOOD COST VALUE
- KNOW COVERAGE
- EASY APPOINTMENTS

FIGURE 21

FEATURE BEST LIKED ABOUT THE ADDDIP

ENLISTED



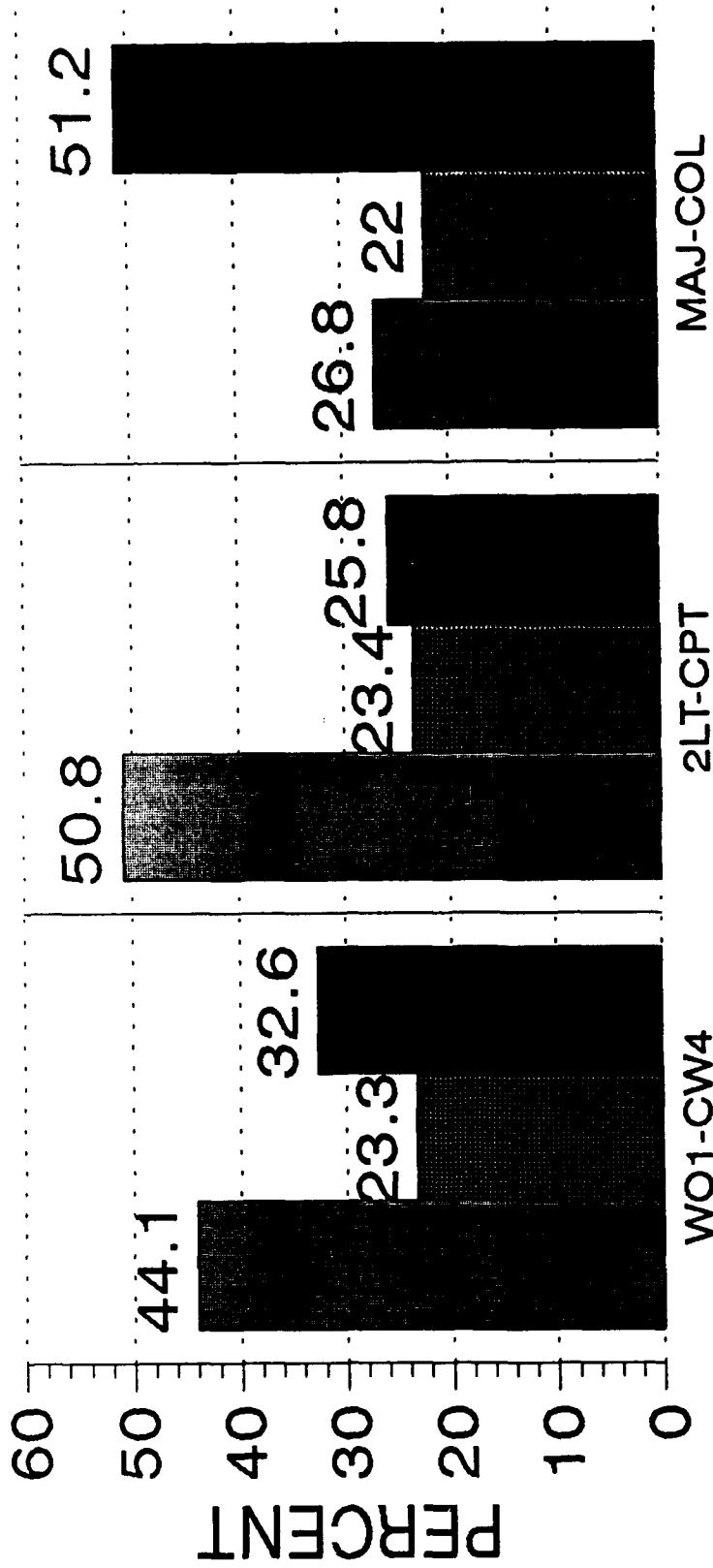
RESPONSE

- ONE DENTIST
- RESPECT
- CONVENIENT
- GOOD COST VALUE
- KNOW COVERAGE
- EASY APPOINTMENTS

FIGURE 22

HAVE ANY DEPENDENTS USED THE ADDIP

WARRANT\COMMISSIONED OFFICERS



RESPONSE NO\YES, SOME\YES, ALL

■ NO ■ YES, SOME ■ YES, ALL

FIGURE 23

HAVE ANY DEPENDENTS USED THE ADDIP

ENLISTED

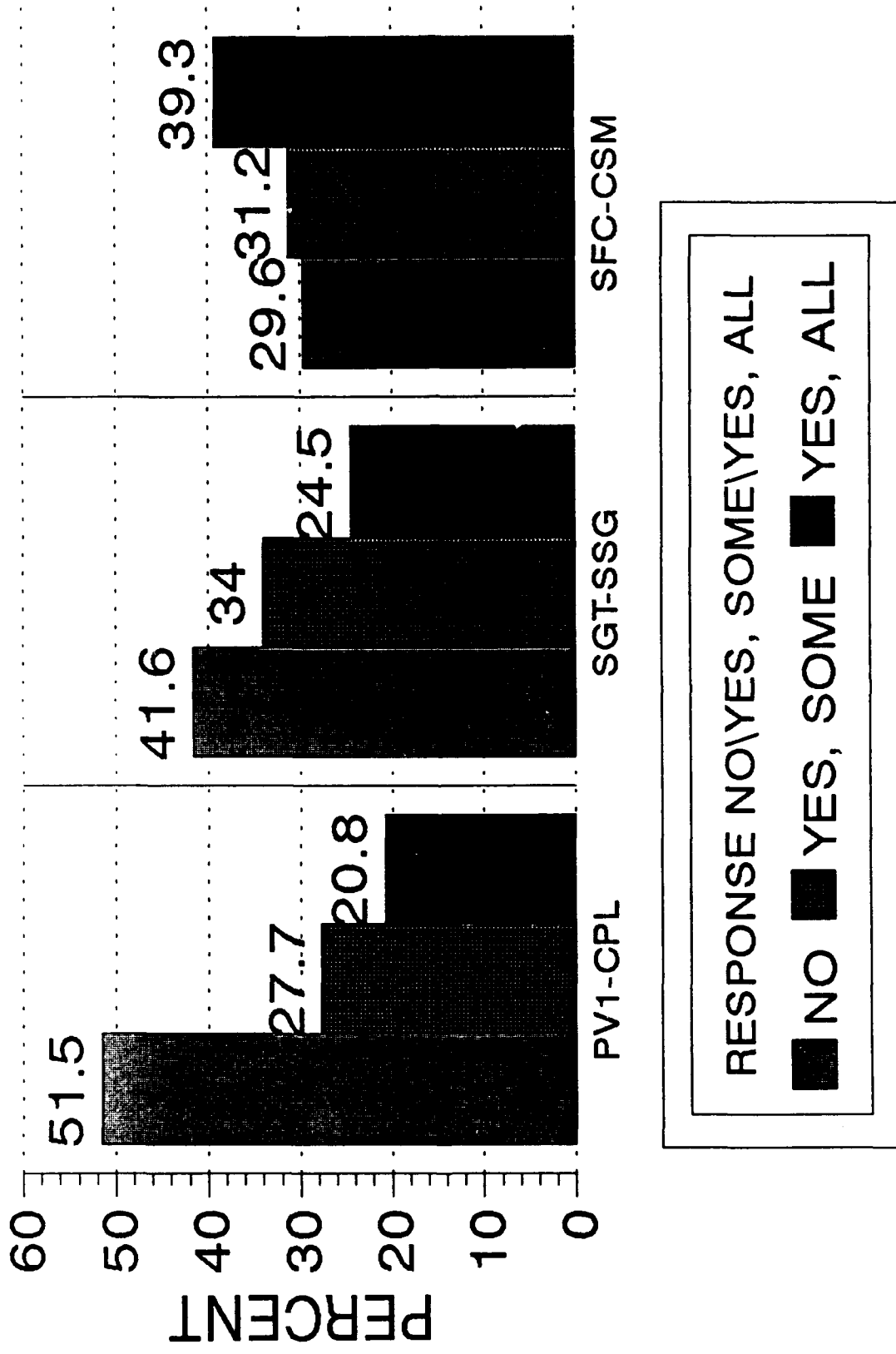
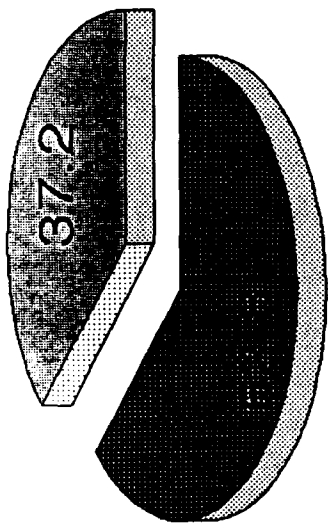


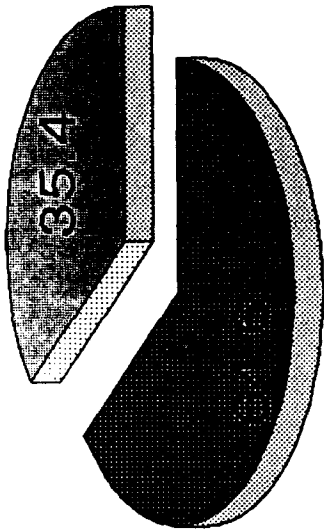
FIGURE 24

HAVE DEPENDENTS USED ADDDIP OTHER THAN EXAMS

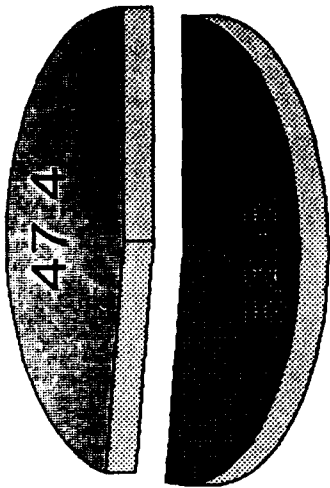
WARRANT\COMMISSIONED OFFICERS



WO1-WO4



2LT-CPT



MAJ-COL

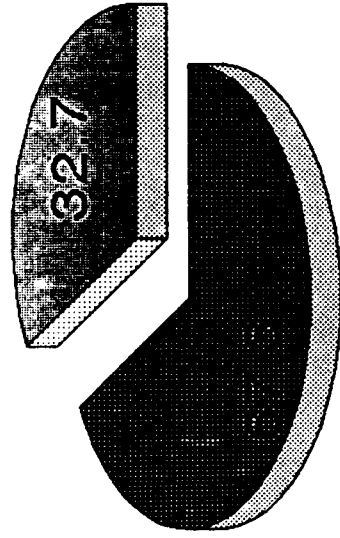
RESPONSE YES\NO

■ YES ■ NO

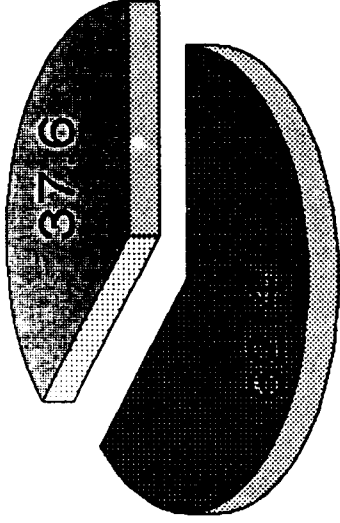
PERCENT

FIGURE 25

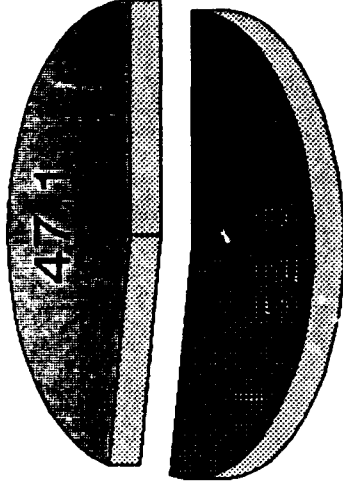
HAVE DEPENDENTS USED ADDDIP OTHER THAN EXAMS ENLISTED



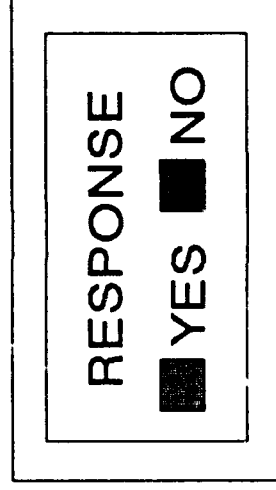
PV1-CPL



SGT-SSG



SFC-CSM



PERCENT

FIGURE 26